## STATE COASTAL CONSERVANCY CONSULTANT QUESTIONNAIRE

FIRM NAME:		
STREET ADDRESS:		
CITY, STATE, ZIP:		
County:		
CONTACT PERSON:		
TELEPHONE:		
EMAIL ADDRESS:		
FAX NUMBER:		
In what area(s) does your firm specialize?	Hydrology	
Agriculture	Land Use Entitlement	
Architecture	☐ Landscape Architecture ☐ Mapping	
Architectural History	Geographical Information Systems (GIS)	
Business Services	Meeting Facilitation	
Photocopies/Reprographics Market Research	Mitigation - Planning and Design	
Graphic Design	Ocean Science or Policy	
☐ Climate Change	Permitting	
Construction	Permitting - Wetland	
Construction Management	Photography	
Cultural Resources	☐ Aerial Photography	
Archaeology	Photo Imagery	
Design	Planning	
Computer Aided Design (CAD)	Planning-Land Use	
Design - Interior	Planning-Master	
Economics	Planning-Natural Resources	
Engineering	☐ Planning-Park/Recreational ☐ Planning-Site	
Engineering-Acoustical	Planning-Trail	
Engineering-Civil	Planning-Transportation	
☐ Engineering-Coastal - Waterfront ☐ Engineering-Electrical	Planning-Urban	
Engineering-Electrical Engineering-Environmental	Planning-Watershed Management	
Engineering-Geological	Project Management	
Engineering-Geotechnical	☐ Public Access	
Engineering-Hydraulic	Resource Assessment	
Engineering-Marine Facilities	Air Quality	
☐ Engineering-Sedimentation	Biological	
Engineering-Soils	Cultural Resource	
Engineering-Structural	Noise	
Engineering-Water Resources	Soils/Soil Surveys	
Environmental Analysis	☐ Visual ☐ Watershed	
CEQA (EIRs, Neg Decs)	Wetland	
NEPA (EISs, Env Assessments)	Wildlife	
☐ Geology ☐ Geomorphology	Restoration	
Hazardous Materials/Toxic Substances	Restoration - Archaeological	
Env Site Assessments (ESAs)/ Investigations	Restoration - Habitat	
Remediation - Hazardous substance	Restoration - Riparian	
Hydrogeology	Restoration - Wetland	
	Surveying	

In what regions will your firm work?
☐ Statewide
North Coast (Del Norte County to Coastal Marin County)
☐ Nine-County San Francisco Bay Area
Central Coast (Coastal San Mateo County to Santa Barbara County)
South Coast (Santa Barbara County to San Diego County)
Is your firm a (check appropriate box):
☐ Corporation, ☐ Partnership, ☐ Sole Proprietorship
If a corporation, is it a domestic corporation with its home office in the United States?
Is it a branch of or a subsidiary of a foreign corporation, firm, or other business?
Is your firm currently certified by the State of California, OSBCR, as:
Small Business or Microbusiness Enterprise?
If so, provide certification number:
Disabled Veteran Business Enterprise?
If so, provide certification number:
Is your firm at least 51% owned, operated, and controlled by one or more disabled veterans?
What is your firm's federal tax id number?
Even what source did you leave about this DEO2
From what source did you learn about this RFQ?

## OPTIONAL ADDITIONAL INFORMATION REQUIRED FOR FEDERALLY FUNDED CONTRACTS

Complete the following <u>only</u> if you are interested in work on federally funded projects/programs. The information will be separately maintained, and will only be accessed for federally funded projects/programs.

FIRM NAME:			
STREET ADDRESS:			
CITY, STATE, ZIP:			
COUNTY:			
CONTACT PERSON:			
TELEPHONE:			
EMAIL ADDRESS:			
FAX NUMBER:			
Is your firm currently certified by any federal, state (other than CA), or local government agency as			
the following (or equivalent)?			
☐ Small Business or Microbusiness Enterprise? Certification No.	Agency		
☐ Disadvantaged Business Enterprise? Certification No.	Agency:		
☐ Woman Business Enterprise? Certification No.	Agency:		
☐ Minority Business Enterprise? Certification No.	Agency:		
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Is your firm owned, operated, and controlled by at least 51% of the following:			
	9		
☐ Minority Group Members			
Women			
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